

**CERTIFICATE OF MAILING BY FIRST CLASS MAIL" (37 CFR 1.8)**

Applicant(s): Andrew Bartlett, et al.

Docket No.

MCA-460 PC/US

Application No.

09/937,114

Filing Date

September 20, 2001

Examiner

Krishnan S. Menon

Group Art Unit

1797

Title:

Sealing Device for Filtration Devices



I hereby certify that the below items are being deposited with the United States Postal Service first class mail in an envelope addressed to: The Commissioner of Patents and Trademarks, P.O. Box 1450, Alexandria, VA 22314-1450 on November 11, 2008.

Request for Continued Examination (RCE) (1 pp.)

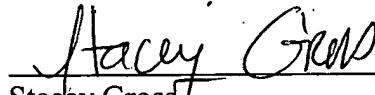
Petition for Extension of Time (1 pp.)

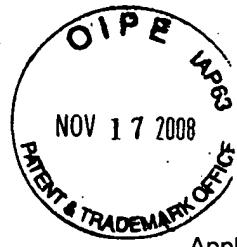
Response Transmittal (1 pg.)

Response (12 pgs)

Certificate of Mailing (1 pg.)

Authorization to Charge Fees to Deposit Account No.: 133577

  
\_\_\_\_\_  
Stacey Gross  
Millipore Corporation



NOV 17 2008

Attorney Docket No. MCA-460 PC/US  
Amendment Dated: November 11, 2008IN THE UNITED STATES  
PATENT AND TRADEMARK OFFICE

Applicants:

A. Bartlett, et al.

Application Number:

09/937,114

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Examiner: Menon, Krishnan S.

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Sealing Device for Filtration Devices

Mail Stop RCE  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, Virginia 22314-1450

## RCE AND AMENDMENT TRANSMITTAL

Sir:

Transmitted herewith is an amendment in the above-identified application. In lieu of filing a Notice of Appeal in reply to the Office Action made final, Applicant's Attorney is filing a Request for Continued Examination (RCE). Reconsideration and further examination are requested.

- No additional fees under 37 C.F.R. Rule 1.16 are required.  
 The fee has been calculated as shown below.

	(Col. 1) Claims Remaining After Amendment		(Col. 2) Highest Number Previously Paid For		(Col. 3) Present Extra	Rate	Add'l Fee
Total	* 6	-	** 27	=	0	X52	0
Indep.	* 2	-	*** 3	=	0	X220	0
TOTAL ADDITIONAL CLAIM FEE:							0
Extension of Time under 37 CFR 1.136(a)							130.00
Request for Continued Examination							810.00
TOTAL FEE:							940.00

\* If the entry in Col. 1 is less than entry on Col. 2, write "0" in Col. 3

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

- A check in the amount of \$ \_\_\_\_\_ is attached.  
 Charge \$ 940.00 to Deposit Account No. 13-3577. A duplicate copy of this sheet is attached.  
 Please charge any additional fees or credit overpayment to Deposit Account No. 13-3577.

Respectfully submitted,

John Dana Hubbard

Reg. No. 30,465

MILIPORE CORPORATION

290 Concord Road, Billerica, MA 01821

Phone: (978) 715-1265

Date: November 11, 2008

JDH/smj